

Registration District No. 155

Primary Registration District No. 5578

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Joplin township
(c) Name of hospital or institution: 20th and Duquesne
(d) Length of stay: In hospital or institution 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. 20th and Duquesne
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME

Edward W. Harryman

3. (b) If veteran, name war

unknown

3. (c) Social Security No.

491-01-7943

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married, divorced

married

6. (b) Name of husband or wife

Clara Harryman

6. (c) Age of husband or wife if alive

years

7. Birth date of deceased

May 10, 1893

8. AGE:

Years

Months

Days

If less than one day

50

9

hr. min.

9. Birthplace

Saginaw

Missouri

10. Usual occupation

miner

11. Industry or business

MOTHER FATHER

12. Name

C. O. Harryman

13. Birthplace

Benton county

Arkansas

14. Maiden name

Nora Eds

15. Birthplace

Kansas

16. (a) Informant

Mrs. Clara Harryman

(b) Address

20th & Duquesne, Joplin, Mo.

17. (a)

burial

(b) Date thereof

2/13/44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Saginaw, Missouri

18. (a) Signature of funeral director

PARKER HUNSAKER

(b) Address

1502 Joplin, Joplin, Mo.

19. (a)

Feb. 13, 1944

Mrs. Willie Eagle

(Date received local registrar)

(Registrar's district)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 10, year 1944, hour 5, minute A. M.

21. I hereby certify that I attended the deceased from

1944 to 1944; that I last saw him alive on Feb. 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Chronic arteritis

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

Means of injury

23. Signature

W. H. Webster

(M. D. or other)

Address

Carthage, Mo.

Date signed Feb. 10, 1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
0
0

44-2-218

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.